21602 10048	21791 32		State of Nebraska Investigator's Motor Vehicle Accident Report  Sheet 1 of 2															2		
1	Total Nu	mber	Local No./ District FOO Case DC 047220										HIT & RUN	INVESTIG	NVESTIGATION MADE AT SCENE?					
	of Vehi													YES X NO			X YES NO STATE USE ONLY			
A/1 01 A/2	DATE OF ACCIDENT		POLICE 4										1219	1219			Amended			
	PLACE COUNT OF			Lancaster							NOTIFIED			1220			05/30/2016			
В	ACCIDENT	CITY	Lincoln							PRI'				PRIVATE NO L			_ATITUDE			
80 c	ROAD O			REET/ SHWAY NO	o. <b>4300</b> S	St		ONE-WAY STREET?				YES NO								
ĭ 1	DISTANCE		FEET	EPOST	HIGHWAY NO.				NO.		LONGITUDE				1					
D		IF AT INTERSECTION									T AT IN									
1	NAME OF INTERSECTING ROADWAY							X FEET MILES N S E							ET, BRIDGE	BRIDGE, RAILROAD CROSSING				
V1/M									01.00 X S. 27th MITS, INDICATE DISTANCE FROM NEAREST											
20 V2/M	MILES		N	S E	W AND MILES	140 0010		S E												
	D. Wanić	R1	C =====		S3	S4 S5	DOES ACCID	CCIDENT INVOLVE DAMAGE TO				-								
E	R. WORK ZONE CODES	. WORK O. I EDEOTRIAN _							S2 S3 S4 S5-a S5-b				S6-b	OF ROADS' PROPERTY?						
2						VE	HICLE NO. 1						<u> </u>	S ⊗ NO						
F	DRIVER LICENSE		NO. G	02053	3780									STATE (Of License)	NE	SI		FEMALE		
1 V1/N	DRIVER										PHONE		1075	(Of Licerise)	LOCAL N	). O.		MALE	-	
1	DOROT DRIVER ADDRI	ESS					STATE, Z				402-489-1275					00/10/1026				
V2/N	1720 BF	ROOK	HAVE	N DR,	LINCOLN	8506	5			BIRTH (MM / DD / YYYY					09/19/1926 LOCAL NO.					
G	DOROT		MCENIRY															V1/2		
2	OWNER ADDRI		KHAVE	N, LIN	NCOLN, N	STATE, Z <b>06</b>	∠IP				CITATION YES PENDING X NO				NO.			46 V1/3		
Н	LICENSE PLATE	CENSE PA NO. SNN754								YEAR (Plate Expires) 2016				2016		STA (Of P		NE		
5	VEHICLE		YEAR 1998		MAKE Toyota		MODEL			BODY ST	or Sed	an	color beige		STIMATED				V1/4	
V1/O <b>3</b>	VEHICLE ID	Т	2BG22K7W0257026							INSURANCE			E COMPANY				10.00	V1/5		
V2/O	NO. (VIN) TOWED TO	TROOKEOUVE NORTHERI												KN IN	18 CO	34				
		906551067 VEHICLE NO. 2															V1/6 15			
1	DRIVER	STATE STATE OFF FEMALE																		
V1/P	DRIVER		NO.	0.					PHONE				(Of License)			LOCAL NO.			-	
1	DRIVER ADDRI	ESS	CITY, STATE, ZIP											DATE OF					V2/1	
V2/P	OWNER	·							PHONE					BIRTH (MM / DD / YYY	Y) LOCAL N				V2/2	
J																				
01	OWNER ADDRI	ESS	CITY, STATE, ZIP											CITATION YES PENDING NO			CITATION NO.			
V1/Q	LICENSE PLATE		NO.										YEAR ate Expires)		·	STA (Of P			V2/4	
3 V2/Q	VEHICLE	YEAR											COLOR		ESTIMATED DAMAGE  TOTALED \$			V2/5		
V2/Q	VEHICLE ID								IN				INSURANC	INSURANCE COMPANY			TOTALED <b>4</b>			
К	NO. (VIN) TOWED TO		TOWED BY							POLICY				ICY NO.					V2/6	
01			1-1- 1		-11 6	- 11 *	•								1	2	3	4	5 054	
		Comp (Com	plete tr iplete a co	nis se ontinuatio	ection for	nore than i	<b>Jurea</b> three we	i <b>per</b> s ere injui	sons red)					OF BIRTH DD / YYYY)	Seat Position	Eject	Body Region	Injury T	ans. SEX	
VEH. #	# NAME ADDRESS DOROTHY A MCENIRY 1720 Brookhaven Dr, Lincoln, NE								68506 C				9/19/19	01	1	04	3 2	2 F		
1	LOCAL NO.		MEDICAL FACILITY NAME Saint Elizabeth Regional Medical Center							EMS SERVICE NAME					EMS RU	N REP	DRT NO.			
VEH. #	NAME		Janit	ADDRESS						Lincoln Fire & Rescue										
	LOCAL NO.		IMEDICA:	MEDICAL FACILITY NAME						RVICE NA	ME				EMS RU	N PER	OPT NO			
			WEDICAL	I AUILITT	AT TIVIL				LIVIO SE	INVICE NA	wit.				EINIS KU	N NEP	OINT INU.			
VEH. #	NAME				AD	DRESS														
	LOCAL NO. MEDICAL FACILITY NAME								EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.					

